

Virginia State-30 J-1 Visa Waiver Program Application Format Checklist

- ◆ All J-1 visa waiver applications and copies are to be submitted with tabs in the order presented in the following table. APPLICATIONS SENT WITHOUT TABS OR OUT OF ORDER WILL BE RETURNED.
- ◆ The U.S Department of State assigned J-1 waiver case number must be affixed to each item in the application.
- ◆ If the application is not in the appropriate order or the U.S. Department of State assigned J-1 visa case number is not appropriately affixed, the application will be returned to the applicant.

| TAB | ITEM | CHECK |
|-----|--|-------|
| A | Notice of Entry Appearance as Attorney or Representative [US Department of Justice, INS Form G-28 (09-26-00)Y]. | |
| B | DOS Waiver Review Application Data Sheet. | |
| | DOS Waiver Review File Number Sheet. | |
| C | All copies of IAP-66 Sheets (with no breaks in the dates). | |
| D | Curriculum Vitae and diplomas/certificates of J-1 Physician. | |
| E | USMLE (3 steps). | |
| F | ECFMG Certificate. | |
| G | Virginia State-30 J-1 Visa Waiver Program J-1 Physician Assurances (Attachment 3). | |
| H | Copy of Virginia medical license or letter verifying application in process. | |
| I | Documentation of Board Certification or Board Eligibility. | |
| J | All passport documentation. | |
| K | Letter from the employer to VDH. See section 6, Part E, Number i | |
| L | Contract between employer and J-1 Physician. | |
| | Three years or more contract. | |
| | Base salary and compensation. | |
| | The specific location of employment in a federally designated HPSA, including street address and telephone number. | |
| | Clause requiring the J-1 physician to work 40 hours per week in not less than a four-day period. | |
| | Statement of J-1 Physician agreeing to the contractual requirements set forth in Section 214(l) of the Immigration and Nationality Act. | |
| | If included, liquidated damage policy clause cannot exceed \$250,000. | |
| | Statement indicating employer not under investigation. | |
| M | Location specific work schedule for J-1 Physician (must work 40 hours per week over not less than a four-day period). | |
| N | Medical site's Medicaid and Medicare provider number. | |
| | Written policy to accept all patients regardless of ability to pay. | |
| O | Statements from employer verifying that worksite(s) are in appropriate federally designated areas. The HPSA, MUA, MUP, or MHPSA federal ID must be included. | |
| P | Medical practice site and program description, Attachment 1, or if the medical site is in development, Attachment 2. | |
| Q | Supporting documentation to demonstrate that the practice site has attempted unsuccessfully to recruit a U.S. citizen or a permanent resident physician for a period of at least six months. | |
| R | Letters of recommendation for the J-1 Physician. | |